

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
 Katsushi MINAMINO
 Serial No: 10/783,214
 Confirmation No: 6684
 Filed: February 20, 2004
 For: Image Processing System and Image Scanning Device

Art Unit: 2625
 Examiner: Riley, Marcus T.

I hereby certify that this correspondence is being transmitted via electronic filing to:
 Mail Stop AF
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450
 January 14, 2009
 Date of Deposit
 Nancy Nolen
 Name
 Signature *[Signature]* 1/14/2009
 Date

Mail Stop AF
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	9	-	20**	0	LG=\$52 SM=\$26	\$52	\$ 0	
INDEPENDENT CLAIMS FEE	6	-	12***	0	LG=\$220 SM=\$110	\$220	\$ 0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$390 SMALL ENTITY FEE = \$195		\$ 0	
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$270 FOR EACH ADDITIONAL 50 SHEETS			\$ 0	
Independent Claims: 9, 10, 11, 12, 13 and 16							TOTAL	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the amount of \$-0- to cover the additional claims fee to Deposit Account No. 50-1314.
- ☐ Please charge the amount of \$-0- to cover the extension fee to Deposit Account No. 50-1314.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
 HOGAN & HARTSON L.L.P.

Date: January 14, 2009

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By: *[Signature]*
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